hips. Xanthelasma is limited to the face and is incurable.

D. Friedlander: There are only two points in this paper which I wish to emphasize, first, the small percentage of these cases shown by statistics and the relative frequency of the affection. This is due to the fact that patients rarely come to this clinic for the condition of their eyelids, not deeming it to be of sufficient severity to demand treatment. The second point concerns the etiology of this disease, the recent researches of Chauffard, Pincus and Pick clearly demonstrating the condition to be due to a true cholestrinemia, and consequently all treatment, outside of the removal of the deposits, must be of a prophylactic nature.

Harry E. Alderson: The gentleman who presented the subject and those who have discussed it have covered much of the ground, so that there is little left for me to say. Personally, I have recently removed some pretty good sized Xanthelasma lesions from the upper eyelid of one of my patients by electrolysis. The result was very satisfactory. The etiology and the pathology of this condition have been discussed, but the later work of Pollitzer has not been given sufficient notice. He has a most interesting and instructive article in the December number of the Journal of Cutaneous Diseases, in which he presents convincing reasons in support of his claim that Xanthelasma is a fatty degeneration of the fibers of the orbicularis palpebrarum muscle. He refers to the occurrence of the lesions as elongated plaques whose axes are parallel to the course of the orbicularis palpebrarum fibers, and demonstrates in a series of illustrations the different phases in the degeneration of these muscle fibrillae, terminating finally in localized plaques of fatty degeneration. I would like very much to hear Dr. Ophuls' explanation of the presence of the giant cells shown to-night in the specimen under the microscope.

Wm. Ophuls: I believe that the giant cells observed in these growths may be in the nature of foreign body giant cells. It is interesting in this regard that whenever there is disturbance in the fatty tissue, giant cells are apt to form. In inflammatory conditions in the mammary glands, giant cells are apt to form, because fat has decomposed, as the result of which there is formation of crystalline foreign bodies, fatty acids and cholesterin. In tumors in which there is much fat, such as those under discussion, I presume that giant cells may form in the same way.

Major P. M. Ashburn: Among several cases of acetone recently in our hospital, has been one presenting a peculiar yellow coloration of the skin. The skin of the palms and backs of the hands, the soles and backs of the feet, a butterfly patch on the cheek bones and nose and that of the lower forehead presented a pigmentation varying from pale yellow to the deep yellowish brown stain seen on the hands of many cigarette smokers. The patient has been in the hospital for several months, has continually passed large amounts of sugar, even on a carbohydrate free diet, and has always had acetone in his urine and on his breath. The pigmentation in question appeared a few months ago, but has lately been fading and has almost disappeared at the present time. That it might be related to Xanthelasma was suggested by the fact that this trouble does affect some diabetics, that one important element of it is an excessive amount of fat in the skin, and by the further fact that a diabetic who died in the hospital a few months ago had so much free fat in his blood that on standing it separated into two layers, cream and blood, bearing the relative proportions of 22 to 35. I therefore had this patient's blood examined for free fat, which was found in excess, though in nothing like the proportions of the other case. I should like the opinions of others as to the possible relationship of the pigmentation in this case to Xanthelasma.

G. H. Mize: According to Crocker and Stellwagon the chief changes appear in the middle and lower layers of the corium and, in reply to the question as to whether there is a fatty change in the vessels, I would state that the only record of such condition that I could find were the cases of Leube, who reports Xanthomatous plaques on the valves of the heart and aorta, and Lehzen and Kauss where a similar condition affected the mitral valves and both coronary arteries. In reference to the work of Pollitzer, I deemed it sufficient to mention this since, although his theory sounds plausible and may be entirely correct, it is as yet unsubstantiated by other investigators.

MEDICAL NOTES TAKEN IN SOUTH AMERICA.*

By DOUGLASS W. MONTGOMERY, M. D., San Francisco.

While on our way to South America the captain of the steamer remarked that we would see, south of the equator, a world very much alive, and we did. The medical profession in Buenos Aires partakes of this activity. The mental attitude of the physicians of a community always resembles that of the general people, and an open mind, and hospitality toward criticism are characteristics of the Argentino. The Argentine medical men, therefore read and compare, and talk over their work, and they know what is occurring in their profession in the European centers, and in the United States. They do not sit in "the scorner's seat," that refuge for incompetents in all ages and countries. They write, and write well, and some cases of disease of the skin that I saw demonstrated before the Argentine Dermatological Society were well worked out both pathologically and clinically. In fact there is more written on medical subjects in the Argentine than in Spain itself.

In the Medical Department of the University a just amount of attention is given to diseases of the skin, which are, as they should be, separated from diseases of the genito-urinary system. Dr. Baldomero Sommer, who occupies the chair, takes the students twice a week. The day I was present the students first heard a lecture of half an hour on the treatment of leprosy, they then were taken into the ambulatory clinic, where they made diagnoses and formulated lines of treatment. The students were fine, intelligent looking fellows, and went about their work quietly and seriously. The school is coeducational, and there was one woman in the class. The only language spoken was Spanish, but all the text books were in French.

When in Mexico City and in Guadalajara some years ago, I ran across the same state of affairs as regards text books. Their only books in Spanish were Ramon y Cajal's Histology, and a treatise on obstetrics, yet the students heard lectures and recited their examinations in Spanish. The failure, however, to get such a large part of one's mental nutrition delivered in the mother tongue is a defect, and must impede originality in a thousand ways. Many deplore the flood of medical literature in our own country, but they might just as well

* Read before the California Academy of Medicine, March 27, 1911.

deprecate ordinary communication by word of mouth, by telephone, and by telegraph. One thing is certain, that when men are interested in a subject they will communicate with one another about it, and the communications, in order to be alive and pulsating, must be made by the readiest means possible, that is, in the mother tongue. When men are not interested in a subject there is silence.

That there is not a good supply of medical books written in Spanish is owing probably in the first place to the circumstance that the Spaniard, through the similarities in the languages, can easily read French, in which there is always an immense output of first-class text books. Furthermore, printing in Spanish is expensive, because of the small number of readers in Spain, and in Spain's unlettered colonies. It must always be borne in mind that although the Argentine is energetic and progressive, and is the finest of Spain's children, yet it has only something over five millions of inhabitants. Many of these inhabitants are Italians and do not read Spanish at all, and many of them are Spanish immigrants, who, of course, are unlettered. In addition to all this the Argentine is an agricultural and grazing country, and therefore much of its population is rural and not inclined to read. A Spanish medical author would therefore be confronted with an immense initial expense, with little prospect of his book being widely sold.

The Medical School building in Buenos Aires belongs to the Republic, but the Medical Faculty itself is of the nature of a close corporation, and elects its own members at stated intervals.

While in Buenos Aires I had the pleasure of attending a meeting of the Sociedad Dermatologica de Argentina. The hour of meeting was unusual —nine o'clock in the morning—and it is doubtful if in our country men could be induced to turn out so early. The place of meeting was the San Roque Hospital, a most convenient arrangement as regards patients for demonstration.

A number of interesting cases were presented, such as one of psorospermose folliculaire vegetante, one of madura foot, and one of blastomycosis.

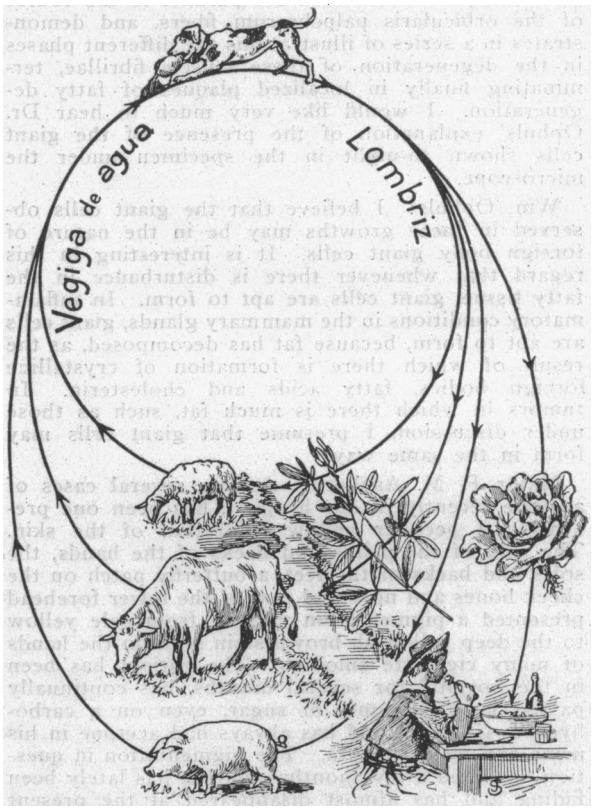
The patient with madura foot was the second case of the kind that had been in the hospital. He was a man about thirty years of age, and had acquired his disease in a country district. He had a dark complexion, thick, stiff, bristly hair, and looked like an Indian. The disease, that had existed two or three years, had begun on the left sole toward its outer edge. On the dorsum of the foot, in this situation, there were the mouths of several fistulae, discharging a glairy fluid. The skin of the affected region was reddened, but soft and very little infiltrated. The radiograph showed decided rarefication of the outer metatarsal bones. Doctor N. V. Greco had made cultures of the actinomycotic fungus, and also demonstrated it under the microscope in smears from the fistulae.

The members took particular pleasure in showing me the case of blastomycosis, as they were well acquainted with the work on this interesting disease by the late Drs. J. Nevins Hyde and Frank Montgomery.

I had also the gratification, at this meeting, of becoming acquainted with Dr. Roberto Wernicke, in whose laboratory the late Doctor Posadas made a fine study of a disease closely resembling, if not identical with, the curious coccidioidal infection that occurs in California, which in so many of its features resembles blastomycosis.

Dr. Alois Bachmann kindly gave me a number of slides from the Posadas case, which you can compare with slides from a case of granuloma coccidioides studied by Dr. Howard Morrow, and with blastomycosis furnished by Drs. Hyde and Ormsby, of Chicago.

We have not alone the shape, the size, and the general appearance of the micro-organisms in the Posadas specimens as they lie in the tissues, corresponding in every particular to those of granuloma coccidioides, but we have also the same mode of reproduction by endogenous sporulation, and as a contrast to blastomycosis the absence of budding. We have also in Posadas' case the very same histologic picture, forming, as Welch has said in regard to coccidioides, the closest mimicry of tuberculosis. I remember on first seeing Rixford's specimens, that I thought the disease was tuberculosis in which some adventitious micro-organism had accidently been found.



A schematic illustration for use among the laity to show the complete evolution of the tapeworm that causes hydatid cysts.

Furthermore, in the Posadas case there was not alone infection of the skin and of the lymphatic ganglia, but also there was the development of intense generalized infection of the internal organs that lead to speedy death. Blastomycosis can also give rise to a generalized infection, but its occurrence does not seem to be nearly as frequent, nor its

course so swift as in the Posadas case, or in the California disease.

The ease by which the disease was inoculated into warm blooded animals also corresponds to what we know of coccidioides. Posadas experimented with white rats, guinea pigs, dogs, cats, monkeys, rabbits, hens, pigeons and parrots, and always with a positive result. In cold blooded animals, however, no inoculation ever took. In those animals in which the inoculation did take the peculiar parasite was always present in the lesions, and always gave rise to the same histologic picture, and to tumors identical with and evoluting in the same manner as in the human being, so that, although the micro-organism itself was not isolated, yet there is no doubt the experimenter succeeded in transmitting the disease. All attempts Posadas made to cultivate the micro-organism outside the body failed, and possibly for the same reason that they failed at first in San Francisco. It will be remembered that in every culture tube there grew a fungus, and that this fungus was considered a fouling of the culture till Dr. Ashe injected some of this fungus into a guinea pig, and succeeded in transmitting the disease. It then transpired that the micro-organism when cultivated outside the body grows as a fungus.

Hydatid cysts that are so rarely found with us, are very frequent in the Argentine. Dr. D. J. Cranwell was able to report seven cases in one year from one hospital service, and another man I met, who did a good deal of surgery, said that he had had over one hundred cases in his practice. He remarked that any swelling in the neighborhood of the liver was instantly suspected to be caused by "the bladders."

The frequency of hydatid cysts is one of the consequences of the Argentine being a grazing country. As is well known, the affection is caused by a short tapeworm that lives in the intestines of the dog. The eggs of this tapeworm are scattered, with the dog's feces, on the grass and in the water courses, and so reach the intestinal canal of cattle. The embryos pierce the intestinal wall of the vegetable eater or man, and form cysts in various organs. The body of man is buried, and as far as any viable cysts he may have are concerned, their cycle of existence is terminated. It is also terminated in all the cooked meat eaten by man. But the dog, with his ravenous appetite, eats the raw flesh and the entrails of animals with hydatids, and gets, consequently, hydatid tapeworm, and the cycle is complete.

In 1908 the Argentine government appointed a commission to study the best means of controlling this disease. This commission issued a small leaflet for public distribution setting forth the means that should be taken for protection. The illustration in this leaflet showing the way the disease is conveyed from the dog to other animals and to man is very graphic. The tapeworms, the lombrizes, escape from the anal vent of the dog with the feces, and are scattered on alfalfa and in the water courses, and on lettuce and other green vegetables. From alfalfa and the water courses it reaches sheep, cows, and pigs, and from lettuce and other green uncooked vegetables it reaches the gaucho or cowboy. The gaucho on dying, being buried, the disease as it exists in him dies out. The entrails of the sheep, cow and pig infected by "the bladders," the vegigas de agua, are, however, eaten by the dog, and the life cycle of the tapeworm is, as before mentioned, completed.

While in Petropolis, near Rio de Janeiro, I visited a slaughter house, where the offal was allowed to be eaten by dogs and turkey buzzards. Although the premises were clean and kept in good order, yet the presence of these unclean birds walking among the hanging meat was unappetizing, and the mode of disposing of the entrails of the slaughtered animals was of course wasteful and unsanitary.

The means of propagation of tapeworm being known, the control of the disease is easy. Dogs should be rigorously excluded from slaughter houses, and should be fed on cooked meat. If a dog is used to eating cooked meat, he will unwillingly eat it raw. These remedies are, however, not to the taste of the stockmen, who, frequently, just as with us, keep their slaughter houses in a slovenly condition. Instead of cleaning up they take the easier method of attacking the doctors, who expose the conditions, and say they are unpatriotic, and do harm to business and to the country.

In Buenos Aires it is quite ethical for doctors to advertise in the daily press. The better class put in a card with their specialty—the others dilate on their accomplishments. Their signs also often indicate what particular part of the temple of the soul they consider themselves best fitted to keep in order, as some for the urinary organs, others for the female genital apparatus, and still others for the abdominal cavity with all its squirming, slippery contents. Syphilis, the other venereal diseases, and diseases of the skin take up more than would seem to be their fair share of advertising space.

It is interesting to go from Rio de Janeiro, where advertising is very frequent, to Buenos Aires, where it seems to be slightly less frequent, and then on to Paris, where the physicians do not give the public even the convenience of a door plate. Afterwards I visited Germany, where the physicians have adopted the sensible practice of regulating the advertisements employed. There they may have two signs, no more, one of which may be on the door, the other on the house. These signs must not exceed a certain size. A physician, also, on beginning practice, or on returning from a journey, or after any prolonged absence, may announce himself in three issues of a newspaper.

As I learned of these German customs over our beer after a medical society meeting in Magdeburg, I related how, in my boyhood, a physician in Toronto used to make himself known. In addition to discreetly preserving his bachelorhood, and so keeping his lady patients talking, he had a number of dogs, one or two of which he managed to lose each week. Advertising for these lost dogs was quite as effective as a personal card, and exemplified also the ingeniousness of the human being in overcoming the annoying restrictions of etiquette. It is an old say-

ing that "God created man just and upright; but he has sought out many inventions."

Although the Parisian physician is so modest as not to have even a door plate, yet he has his own way of letting it be known he is not dead. There is probably no city in the world where the medical men do so much writing for the daily press as Paris, and "606" gave many of them an excellent opportunity.

In Rio, if ever, advertising is justifiable, as the city directory is a joke book. The names in it are arranged, not on the basis of the surname, but on that of the first or Christian name. Let us take as an example the name of H. C. Brogden, an American living in Rio de Janeiro. Mr. Brogden's name was not found under the B's, as it would be with us, but under the H's. His name among the Brazilians was Dom Henry, and Dom Henry went. The name John is a favorite, and one can see the hopelessness of consulting the directory of a large city for any one of the thousands of Johns. Rio people, therefore, do not consult directories. A banking house, for instance, did not give me the address of their custom house broker, but told me he lived near the fire station on a certain street. Under these conditions it is no wonder the doctors advertise, as otherwise they never could be found.

Whether in Rio newspaper advertising is a necessity or merely a custom there is no doubt about its popularity. In the issue of the Journal do Commercio of Saturday, June 18, 1910, I counted sixty-six advertisements of physicians under thirty-eight different headings, and if the expense of advertising bore any relationship to the subscription price of the newspaper it must have cost these gentlemen a pretty penny to keep themselves before the public. This subscription price is sixty milreis or about twenty dollars a year.

DEPARTMENT OF PATHOLOGY, UNIVERSITY OF CALIFORNIA.

The advent of Frederick P. Gay, formerly connected with the Harvard Medical School, as Professor of Pathology in the University of California, has been the cause of a number of innovations in the methods of teaching this subject. The department is now composed of Professor Gay, and his associates, Glanville Y. Rusk, A. B., M. D., Assistant Professor of Pathology; J. G. Fitz Gerald, M. B., Associate Professor of Bacteriology; Adelbert W. Lee, M. D., Instructor in Pathology; Ivan C. Hall, A. B., Assistant in Bacteriology.

The fact that bacteriology is now united with the department of pathology makes it possible greatly to concentrate the work, courses being given in a single semester, in the second half year. It is believed that by this method several advantages for the student are gained; he works intensively in the natural history of disease, and according to this scheme of instruction first takes up the consideration of general processes and later, studies each disease in turn from the standpoint of its causation, progress and effect: thus, for example, if his forenoons are devoted to the miscroscopic study of cell degeneration, his afternoons will be given over to the general methods of the cultivation of bacteria, and the preparation of culture media. In connection with inflammation, studied as a process in the tissues, the pyogenic organisms which produce inflammation are studied bacteriologically, and, at the same time, the reaction in the animal body as regards phagocytosis, and the normal destruction of bacteria by blood serum. He then proceeds to take up the individual diseases. The group of micro-organisms which produce dysentery and typhoid fever, for example, he studies culturally, and on the same days the reactions of the body to infections with these organisms in the form of bacteriolysins, immune opsonins and agglutinins, the methods of diagnosis by means of agglutination and alexin fixation, vaccination in dysentery and typhoid, and the progress which has been made towards a serum therapy against these diseases. And finally, the gross and microscopical lesions characteristic of each disease are studied.

It has proved possible to work out this scheme in rather full detail, and the results are most satisfactory from the standpoint of instruction, and certainly logically to be recommended. There are given to instruction four whole days a week, eight hours per day, extending through the second semester of about seventeen weeks, which gives a total amount in hours equivalent to the amount that is given to the subjects of bacteriology and pathology in any first-class school. The relative amount of time allotted is about as follows:—one-quarter to Bacteriology and Protozoology; one-quarter to Infection and Immunity, and one-half to Morbid Anatomy and Histopathology. The relative time occupied is by no means fixed, but very flexible as occasion demands.

Beginning with next year, the systematic work in Bacteriology in the University, apart from such subjects as Dairy Bacteriology and Bacteriology of the Soil will, also, be given in connection with this department, which henceforth will be denominated as the Department of Pathology and Bacteriology: this means the giving of an Undergraduate Course in General Bacteriology, open to students in the various colleges, extending through the first semester, three afternoons a week, with opportunity for taking advanced work along special lines in either semester. Dr. J. G. Fitz Gerald, of the University of Toronto, has been appointed by the Board of Regents as Associate Professor of Bacteriology beginning with next year, and he will receive such assistance in the way of teaching as shall be necessary.

All members of the department are given ample opportunity and encouraged to investigate problems which their own inclination suggests. Although present lines of productive investigation lie largely in the functional field of body reaction during the course of disease and the problems of pure Bacteriology and Histopathology may be said to have been largely worked out, at least, in important lines, at the same time the general scope of Pathology is not regarded in a restricted manner from the point